



## **SOUTH DAKOTA COUNCIL ON DEVELOPMENTAL DISABILITIES**

Hillsview Properties Plaza, East Highway 34  
c/o 500 East Capitol  
Pierre, South Dakota 57501-5070  
Phone: (605) 773-6369  
FAX: (605) 773-5483 TTY: (605) 773-5990  
[www.state.sd.us/dhs/ddc](http://www.state.sd.us/dhs/ddc)

### **ASSISTANCE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES FOR TRAVEL TO CONFERENCES/WORKSHOPS**

The South Dakota Council on Developmental Disabilities has funds available to assist people with developmental disabilities and/or their family members to attend in-state conferences, training events, committees, and other similar activities OR to attend out-of-state conferences or training events when there is nothing similar held in South Dakota.

These funds are provided in an effort to empower people with developmental disabilities and their family members with the opportunities, experiences, resources and information they need to participate meaningfully in the decisions that are being made which affect their lives.

#### Who can apply for assistance?

- People with developmental disabilities.
- Parents, family members or guardians of people with developmental disabilities. (The term family is used to refer to children and their parent(s) or family member(s) who are primary caregivers.)

#### What can the assistance be used for?

- Registration fees
- Lodging
- Meals
- Transportation (mileage, air fare, parking fees, taxis, etc.)
- Personal assistance services
- Child care or respite care
- Other (at the discretion of the reviewer(s))

#### How much assistance is available?

- \$300 per year per person for in-state events
- \$750 per year per person for out-of-state events
- The Council can only partially fund the cost of attending an event. The person applying for assistance must secure funding from other sources, such as other state agencies, private foundations, consumer or advocacy organizations, an employer, or use their own money (a minimum of 25% match is required).
- For out-of-state events, the person must provide documentation that they have contacted other sources for assistance with costs.
- At the discretion of the Council's reviewer(s) a request to waive the requirement that partial funds be obtained from other sources may be honored. This waiver will be done on a case-by-case basis.

### Priorities for receipt of funding:

- . First time users of the fund
- . First time attendees at a particular activity or event
- . Attendance will enhance ethnic or cultural sensitivity
- . Applicants from rural or other underserved or unserved areas
- . First come, first served

### How do you apply?

- . Complete the application form and mail with an agenda to the Council Office.
- . Applications should be submitted as early as possible and no later than 30 days prior to an event for in-state requests and 60 days prior for an out-of-state event.
- . Application materials are available in alternate formats by request.
- . Limited funds are available. All applications may not be funded.
- . Applicants will be notified if their application was approved and the amount of the assistance to be provided by the Council.
- . Please call the Council Office at 1-800-265-9684 or (605) 773-6369 for assistance in completing the application.
- . Applications should be submitted to the SD Council on Developmental Disabilities, Hillview Plaza, E. Hwy 34, c/o 500 E. Capitol, Pierre, SD 57501.

### After you attend, then what?

- . Reimbursement for expenses is made after attendance at the event. Forms will be provided with the approval letter. In some cases, the Council will work with the event organizers to arrange direct payment of registration fees or other costs.
- . Applicants will be asked how they have shared information received from attendance at the event with others. Examples of ways to share the information are: 1) presentation to local community service organization, disability organization, service provider, school or at a conference; 2) share handouts with school personnel or other service providers as appropriate; 3) write an article for a newspaper (please provide a copy to the Council Office), or 4) something else.

## **FEDERAL DEFINITION OF DEVELOPMENTAL DISABILITY**

In Public Law 106-402, the Developmental Disabilities Assistance and Bill of Rights Act Amendments of 2000, the term "developmental disability" means a severe, chronic disability of an individual that—

- (A) is attributable to a mental or physical impairment or combination of mental and physical impairments;
- (B) is manifested before the individual attains age 22;
- (C) is likely to continue indefinitely;
- (D) results in substantial functional limitations in 3 or more of the following areas of major life activity-- self-care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living; and economic self-sufficiency; and
- (E) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated;

Infants and Young Children – An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have developmental disabilities without meeting 3 or more of the criteria described above if the individual, without services and supports, has a high probability of meeting those criteria later in life.

**SD COUNCIL ON DEVELOPMENTAL DISABILITIES  
REQUEST FOR ASSISTANCE WITH TRAVEL EXPENSES TO CONFERENCE/WORKSHOP**

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

City, State & ZIP Code: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Check one of the following:

- \_\_\_\_\_ I am a person with a developmental disability.  
\_\_\_\_\_ My family member is an adult with a developmental disability.  
\_\_\_\_\_ I am the parent of a child with a developmental disability.  
\_\_\_\_\_ I am the parent of a child at risk of a developmental disability.  
\_\_\_\_\_ I am the guardian for a person with a developmental disability.

Age of person/child with disability \_\_\_\_\_

OPTIONAL:

White \_\_\_\_\_ Native American \_\_\_\_\_ Other \_\_\_\_\_

Title of Project/Event: \_\_\_\_\_ (Attach agenda)

Date(s) of Event: \_\_\_\_\_ Location: \_\_\_\_\_

Why do you want to attend this meeting, conference or workshop?

How will you share the information gained once you return?

Have you attended this activity before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when did you last attend this event? Date: \_\_\_\_\_

Have you received assistance from the Council before? Yes No

If yes, for what event? \_\_\_\_\_ When? \_\_\_\_\_ Amount received \$ \_\_\_\_\_

By signing below, I verify that the information provided is accurate to the best of my knowledge and that I have reviewed the Federal Definition of Developmental Disabilities and qualify as an individual with a developmental disability or the family member/guardian of an individual with a developmental disability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## BUDGET INFORMATION

Please complete all sections that apply for your Request for Assistance. Please indicate how much you are requesting.

I will leave my home on \_\_\_\_\_ at \_\_\_\_ AM/PM and return home on \_\_\_\_\_ at \_\_\_\_ AM/PM.

|   | <b>TOTAL<br/>COST</b> |
|---|-----------------------|
| <b>Registration Fee</b><br>Are meals included? Yes ____ No ____<br>If yes, how many? - Breakfasts ____, Lunches ____ and Dinners ____   |                       |
| <b>Meals</b><br>Count those meals not included in the registration fee.<br><br>Breakfast - # ____ x \$ 5.00 = ____<br>Lunch - # ____ x \$ 9.00 = ____<br>Dinner - # ____ x \$12.00 = ____ |                       |
| <b>Transportation</b><br># of miles round trip - ____ x \$.25<br>Airfare _____<br>Parking fees, taxi, shuttles, etc. _____  |                       |
| <b>Motel Room</b><br>Actual Cost _____ x _____ nights<br>Only \$45 plus tax can be reimbursed for in-state requests.<br>Only \$100 plus tax can be reimbursed for out-of-state requests.  |                       |
| <b>Child Care or Respite Care</b><br>Explain how costs are figured.<br>(Ex. 8 hours @ \$5/hr. = \$40 or Flat rate of \$30 per day.)   |                       |
| <b>Personal Assistance Services</b><br>Explain how costs are figured. See example for child care/respice care.  |                       |
| <b>TOTAL COSTS</b>  |                       |
| <b>MATCH</b><br>To calculate the 25% required match, divide the total cost by 4.  |                       |

|                                    |  |
|------------------------------------|--|
| <b>AMOUNT OF FUNDING REQUESTED</b> |  |
|------------------------------------|--|

**SUBMIT TO:** SD Council on Developmental Disabilities, Hillview Plaza, c/o 500 E Capitol, Pierre, SD 57501